Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 1 of 63

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Sandra First name T. Middle name Gary Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | FKA Sandra Galloway FKA Sandra Francisco FKA Sandra Holland FKA Sandra Knight | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6036 | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Document Page 2 of 63 Desc Main

Case number (if known)

Debtor 1 Sandra T. Gary

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 437 Oakley Avenue | If Debtor 2 lives at a different address: |
| | | Rockford, IL 61101 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Winnebago | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Document Page 3 of 63 Desc Main

Case number (if known) Debtor 1 Sandra T. Gary

| ar | Tell the Court About | Your Ba | nkruptcy Ca | ase | | | | |
|-----|---|----------------|---------------------------------|---|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check (Form | | | of each, see <i>Notice Re</i> page 1 and check the a | | 342(b) for Individuals Fil | ing for Bankruptcy |
| | choosing to file under | ■ Cha | apter 7 | | | | | |
| | | ☐ Cha | apter 11 | | | | | |
| | | ☐ Cha | apter 12 | | | | | |
| | | ☐ Cha | apter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | á | about how yo | ou may pay. Typi attorney is subm | cally, if you are paying | the fee yourself, you r | erk's office in your local may pay with cash, cash orney may pay with a cre | ier's check, or money |
| | | | | | allments. If you chooses (Official Form 103A). | e this option, sign and | attach the Application for | or Individuals to Pay |
| | | _ k | out is not req applies to yo | uired to, waive y ur family size and | our fee, and may do so d you are unable to pay | o only if your income is y the fee in installment | are filing for Chapter 7. Is less than 150% of the cas). If you choose this op 3B) and file it with your p | official poverty line that tion, you must fill out |
| | | • | Потррпоци | | napier / / iiiig / ee ma | woo (Gillolai i Gilli 16 | ob, and more war your p | |
|). | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes | | | | | | |
| | | | District | | When | | | |
| | | | District | | When | | Case number | |
| | | | District | | When | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | | _ Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | | _ Case number, if known | |
| 11. | Do you rent your | □ No. | Go to I | ine 12. | | | | |
| | residence? | ■ Yes | . Has yo | our landlord obtain | ined an eviction judgme | ent against you and do | o you want to stay in you | r residence? |
| | | | | No. Go to line 1 | 12. | | | |
| | | | _ | Yes. Fill out <i>Init</i> bankruptcy peti | | n Eviction Judgment A | gainst You (Form 101A) | and file it with this |
| | | | | | | | | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 4 of 63 Case number (if known) Debtor 1 Sandra T. Gary Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 5 of 63

Debtor 1 Sandra T. Gary

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

| I received a briefing from an approved credit |
|---|
| counseling agency within the 180 days before I filed |
| this bankruptcy petition, and I received a certificate of completion. |
| oop.ou.o |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 6 of 63 Case number (if known) Debtor 1 Sandra T. Gary Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sandra T. Gary Signature of Debtor 2 Sandra T. Gary

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on March 17, 2017

MM / DD / YYYY

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 7 of 63

Debtor 1 Sandra T. Gary Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel | A. Springer | Date | March 17, 2017 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Daniel A. S | Springer | | |
| Springer L | .aw Firm | | |
| Firm name | | | |
| 2222 E Sta | ite St | | |
| Suite 107 | | | |
| Rockford, | IL 61104 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 815.312.4725 | Email address | dspringerlaw@gmail.com |
| 6314059 | | | |
| Bar number & S | tate | | |

| if this is an led filing |
|-----------------------------|
| |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets | | |
|-----|--|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 30,080.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 30,080.00 |
| Par | 12: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 7,200.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 76,973.00 |
| | Your total liabilities | \$ | 84,173.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,489.86 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,427.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a nersonal | family or |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Entered 03/17/17 08:58:07 Case 17-80606 Doc 1 Filed 03/17/17 Desc Main Document

Page 9 of 63 Case number (if known) Debtor 1 Sandra T. Gary

| From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ | 2,697.33 |
|--|----|----------|
| | 1 | |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total cla | aim |
|--|-----------|-----------|
| From Part 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 12,013.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 12,013.00 |

| Debtor 1 Debtor 2 (Spouse, if filin United Stat Case numb Official Scheo n each categorink it fits b nformation. unswer ever | Form 106A/B Coule A/B: Prope gory, separately list and describe it est. Be as complete and accurate a firmore space is needed, attach a sy question. | Middle Name Last Name Middle Name Last Name ORTHERN DISTRICT OF ILLINOIS | one category, list the asset in t are equally responsible for sup | |
|---|---|--|---|---|
| Debtor 2 Spouse, if filin United Stat Case numb Official Check Heach categorish it fits beformation. Heach categorish it fits before the | First Name res Bankruptcy Court for the: Note Note Form 106A/B Coule A/B: Prope Gray, separately list and describe it est. Be as complete and accurate a lif more space is needed, attach a sy question. | Middle Name CRTHERN DISTRICT OF ILLINOIS Tty ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| Spouse, if filing Inited State Case number Official Scheological each categoink it fits beformation. Inswer ever Part 1: Des | res Bankruptcy Court for the: Note Note | Middle Name CRTHERN DISTRICT OF ILLINOIS Tty ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| Spouse, if filing United State Case numb Official Case category each category formation. Inswer ever | Form 106A/B Coule A/B: Prope gory, separately list and describe it est. Be as complete and accurate a firmore space is needed, attach a sy question. | PRTHERN DISTRICT OF ILLINOIS TTY The service of t | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| Official Case numb Official Chec each cate ink it fits b information. nswer ever | Form 106A/B dule A/B: Prope gory, separately list and describe it est. Be as complete and accurate a ff more space is needed, attach a s y question. | rty ems. List an asset only once. If an asset fits in more than a as possible. If two married people are filing together, both | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| Official Sched each categ ink it fits b formation. nswer ever | Form 106A/B dule A/B: Prope gery, separately list and describe it est. Be as complete and accurate a ff more space is needed, attach a s y question. | ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| Official Sched each categ ink it fits b formation. nswer ever | Form 106A/B dule A/B: Prope gery, separately list and describe it est. Be as complete and accurate a ff more space is needed, attach a s y question. | ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | one category, list the asset in t are equally responsible for sup | amended filing 12/15 ne category where you |
| each cate nink it fits b formation. nswer ever | gory, separately list and describe it est. Be as complete and accurate a lf more space is needed, attach a sy question. | ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | are equally responsible for sup | ne category where you |
| n each cate nink it fits b nformation. nswer ever | gory, separately list and describe it est. Be as complete and accurate a lf more space is needed, attach a sy question. | ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | are equally responsible for sup | ne category where you |
| n each cate nink it fits b nformation. nswer ever | gory, separately list and describe it est. Be as complete and accurate a If more space is needed, attach a s y question. | ems. List an asset only once. If an asset fits in more than as possible. If two married people are filing together, both | are equally responsible for sup | ne category where you |
| nink it fits b iformation. nswer ever | est. Be as complete and accurate a If more space is needed, attach a s y question. | as possible. If two married people are filing together, both | are equally responsible for sup | |
| | scribe Fach Residence Building La | and, or Other Real Estate You Own or Have an Interest In | ges, write your name and case | |
| | • | terest in any residence, building, land, or similar property? | , | |
| ■ No. Go | , , , | property | | |
| | 10 1 4.11 2. | | | |
| ☐ Yes. V | Vhere is the property? | | | |
| Part 2: Des | scribe Your Vehicles | | | |
| Cars, va ☐ No ■ Yes | ns, trucks, tractors, sport utilit | y vehicles, motorcycles | | |
| 3.1 Make | Buick | Who has an interest in the property? Check one | Do not deduct secured clai the amount of any secured | |
| Mode | el: LeSabre | Debtor 1 only | Creditors Who Have Claim | |
| Year | | Debtor 2 only | Current value of the | Current value of the |
| | oximate mileage: 14100 | Bestor Fand Desitor 2 only | entire property? | portion you own? |
| Othe | r information: | ☐ At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$1,675.00 | \$1,675.00 |
| | | | | |
| 2.0 Male | Ruick | Who has an interest in the manner of the | Do not deduct secured clai | ms or exemptions. Put |
| 3.2 Make | Dark Assausa | Who has an interest in the property? Check one | Do not deduct secured claithe amount of any secured | claims on Schedule D: |
| Mode | Park Avenue | Debtor 1 only | | claims on Schedule D: s Secured by Property. |
| Mode Year | Park Avenue 2004 | Debtor 1 only Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the | claims on Schedule D: s Secured by Property. Current value of the |
| Mode Year Appr | Park Avenue | Debtor 1 only | the amount of any secured Creditors Who Have Claim | claims on Schedule D: s Secured by Property. |
| Mode Year Appr | Park Avenue 2004 oximate mileage: r information: | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the | claims on Schedule D: s Secured by Property. Current value of the |

Official Form 106A/B Schedule A/B: Property page 1

Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07

Case 17-80606 Desc Main Page 11 of 63
Case number (if known) Document Debtor 1 Sandra T. Gary 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,975.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Household Goods & Furniture \$1,600.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$100.00 TV 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... \$200.00 **Books, Pictures, CD Collection** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$200.00 Used Clothing 12. Jewelry

☐ No

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

Yes. Describe.....

Wedding Rings

\$2,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

□ No

| | Case 17-80606 | Doc 1 | Filed 03/17/17 Document | Entered 03/17/17 08:58:07 | Desc Main |
|--|--|---|--|--|---|
| Debtor 1 | Sandra T. Gary | | Document | Page 12 of 63 Case number (if known) | |
| ■ Yes | s. Describe | | | | |
| | Cat | | | | \$0.00 |
| | | | | | |
| 14. Any c ■ No | other personal and househ | old items yo | u did not already list, i | ncluding any health aids you did not list | |
| | s. Give specific information | | | | |
| 45 | | | 5 . 6 | | |
| | Part 3. Write that number h | | | ny entries for pages you have attached | \$4,100.00 |
| Part 4: D | Describe Your Financial Assets | i | | | |
| Do you o | own or have any legal or ec | uitable inter | est in any of the follow | ving? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash <i>Exan</i> ■ No | | ur wallet, in y | our home, in a safe dep | osit box, and on hand when you file your petition | on |
| ☐ Yes | S | | | | |
| | | | al accounts; certificates counts with the same ins | of deposit; shares in credit unions, brokerage h | nouses, and other similar |
| | S | | Institution | name: | |
| | | | | | |
| | | | | | |
| | 17.1. | Checking | Fifth Thir | d Bank | \$5.00 |
| | 17.1. Is, mutual funds, or publich mples: Bond funds, investme | y traded stoo | cks | | \$5.00 |
| Exan ■ No | ls, mutual funds, or publicl mples: Bond funds, investmen | y traded stoo | cks ith brokerage firms, mo | | \$5.00 |
| Exan ■ No □ Yes | ls, mutual funds, or publicl mples: Bond funds, investments | y traded stoo nt accounts w | cks rith brokerage firms, mod ssuer name: | ney market accounts | |
| Exam No □ Yes 19. Non-p joint | ls, mutual funds, or publicl mples: Bond funds, investments | y traded stoo nt accounts w | cks rith brokerage firms, mod ssuer name: | | |
| Exam No □ Yes 19. Non-p joint ■ No | ls, mutual funds, or publicles: Bond funds, investments | y traded stoo nt accounts w nstitution or is nterests in in | cks with brokerage firms, modes ssuer name: ncorporated and uninc | ney market accounts | |
| Exam No □ Yes 19. Non-p joint ■ No | Is, mutual funds, or publical inples: Bond funds, investments | y traded stoo nt accounts w nstitution or is nterests in in | cks with brokerage firms, modes ssuer name: ncorporated and uninc | ney market accounts | |
| Exan No Yes 19. Non-p joint No Yes 20. Gover | Is, mutual funds, or publication publications: Bond funds, investments. Butter in the public traded stock and inventure Solutions: Give specific information and corporate bond public traded instruments include publicable instruments in publicable in publicable in publicable in publicable in publicable in p | y traded stoo nt accounts w institution or is nterests in in about them ne of entity: ds and other ersonal check | cks with brokerage firms, more ssuer name: acorporated and uninc are negotiable and non-ness, cashiers' checks, pro | ney market accounts orporated businesses, including an interes % of ownership: | |
| Exan No Yes 19. Non-pioint No Yes 20. Gove Nego Non- No | Is, mutual funds, or publication publications: Bond funds, investments. Butter in the public traded stock and inventure Solutions: Give specific information and corporate bond public traded instruments include publicable instruments in publicable in publicable in publicable in publicable in publicable in p | y traded stoo nt accounts w institution or is nterests in in about them e of entity: ds and other ersonal check hose you can | cks with brokerage firms, more ssuer name: acorporated and uninc are negotiable and non-ness, cashiers' checks, pro | ney market accounts orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. | |
| Exan No Yes 19. Non-pioint No Yes 20. Gove Nego Non- No | ls, mutual funds, or publicle inples: Bond funds, investments. publicly traded stock and inventure s. Give specific information and inventure bond in include properties in the properties of the instruments are the instruments are the second of the specific information and some properties of the specific information and second in the specific information and second | y traded stoo nt accounts w institution or is nterests in in about them e of entity: ds and other ersonal check hose you can | cks with brokerage firms, more ssuer name: acorporated and uninc are negotiable and non-ness, cashiers' checks, pro | ney market accounts orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. | |
| Exam No Yes 19. Non-pioint No Yes 20. Goven Negon Non- No Yes 21. Retire Exam | Is, mutual funds, or publical imples: Bond funds, investments | y traded stoomt accounts we institution or is interests in inabout them | cks ith brokerage firms, more ssuer name: ncorporated and unince r negotiable and non-ness, cashiers' checks, pro not transfer to someone | ney market accounts orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. | t in an LLC, partnership, and |
| Exam No Yes 19. Non-pioint No Yes 20. Goven Negon Non- No Yes 21. Retire Exam No | Is, mutual funds, or publication publications: Bond funds, investments. Summer and corporate bond public instruments include purpopulable instruments are the summer or pension accounts and publications. Give specific information a lessurement or pension accounts and publications. Interests in IRA, ERIS is. List each account separate. | y traded stoomt accounts we institution or is interests in in about them the of entity: ds and other ersonal check hose you cannot bout them er name: s A, Keogh, 40 dely. | cks with brokerage firms, more ssuer name: ncorporated and unince regotiable and non-ness, cashiers' checks, pro not transfer to someone | orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. by signing or delivering them. | t in an LLC, partnership, and |
| Exam No Yes 19. Non-pioint No Yes 20. Goven Negon Non- No Yes 21. Retire Exam No Yes | Is, mutual funds, or publical imples: Bond funds, investments | y traded stoomt accounts we institution or is interests in inabout them | cks ith brokerage firms, more ssuer name: ncorporated and unince r negotiable and non-ness, cashiers' checks, pro not transfer to someone | orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. by signing or delivering them. | t in an LLC, partnership, and |
| Exan No Yes 19. Non-pioint No Yes 20. Goven Nego Non- No Yes 21. Retire Exan No Yes 22. Secur Your | Is, mutual funds, or publication publications: Bond funds, investments: Bond funds, investments: Bond funds, investments: Bond funds, investments: Bond funds and inventure Is. Give specific information and properties are the second funds and properties and prepayments: Interests in IRA, ERIS and prepayments and of all unused deposits and prepayments and funds and prepayments and funds and prepayments and prepa | y traded stoom taccounts we institution or is interests in in about them the of entity: ds and other ersonal check hose you cannot bout them er name: s A, Keogh, 40: et ly. f account: ents | cks with brokerage firms, more ssuer name: acorporated and unince are negotiable and non-ness, cashiers' checks, prospectively transfer to someone 1(k), 403(b), thrift saving Institution in | orporated businesses, including an interes % of ownership: egotiable instruments missory notes, and money orders. by signing or delivering them. | t in an LLC, partnership, and |

| De | ebtor 1 | Sandra T. | . Garv | Document | Page 13 of 63 _c | Case number (if known) | |
|-----|------------------|--|--|--|--------------------------------|-------------------------------|---|
| 23 | Annuitie | | - | ent of money to you, either for | | · · · · — | |
| 20. | ■ No | o (A contrac | ct for a periodic payin | iciti of money to you, citier for | inc or for a number of | ycais) | |
| | ☐ Yes | | Issuer name and de | escription. | | | |
| 24. | 26 U.S.C | | eation IRA, in an acc 1), 529A(b), and 529 | ount in a qualified ABLE pro(b)(1). | ogram, or under a qua | lified state tuition progra | m. |
| | ■ No □ Yes | | Institution name and | d description. Separately file th | ne records of any intere | sts.11 U.S.C. § 521(c): | |
| | | equitable o | r future interests in | property (other than anythin | g listed in line 1), and | rights or powers exercis | able for your benefit |
| | ■ No □ Yes. • | Give specific | information about th | em | | | |
| | Exampl ■ No | es: Internet | | secrets, and other intellectuites, proceeds from royalties a | | ts | |
| | □ 165. v | Sive specific | , illioilliation about til | e | | | |
| | Exampl ■ No | es: Building | | enses, cooperative association | n holdings, liquor licens | es, professional licenses | |
| | ☐ Yes. (| Give specific | information about th | em | | | |
| Me | oney or p | roperty owe | ed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu | ınds owed t | to vou | | | | • |
| | ■ No | | • | | | | |
| | ☐ Yes. 0 | Sive specific | information about the | em, including whether you alre | ady filed the returns and | d the tax years | |
| | | | | | | | |
| | □ No · | es: Past due | | y, spousal support, child suppo | ort, maintenance, divord | ce settlement, property sett | clement |
| | Yes. C | Sive specific | information | | | | |
| | | | | | | 1 | |
| | | | | Back Alimony, maintena support | ince, and child | | \$24,000.0 |
| | | | | | | | |
| 30. | | <i>les:</i> Unpaid v | neone owes you wages, disability insur ; unpaid loans you ma | rance payments, disability ben ade to someone else | efits, sick pay, vacation | pay, workers' compensati | ion, Social Security |
| | ■ No | | | | | | |
| | ☐ Yes. (| Give specific | information | | | | |
| 31. | | | nce policies disability, or life insura | ance; health savings account (| HSA); credit, homeown | er's, or renter's insurance | |
| | | Jame the ins | surance company of e | each policy and list its value. | | | |
| | | | Company na | | Beneficiar | y: | Surrender or refund value: |
| 32. | If you a someor | erest in propre the benefine has died. | perty that is due you iciary of a living trust, | I from someone who has die expect proceeds from a life in | ed surance policy, or are c | currently entitled to receive | property because |
| | ■ No □ Yes. (| Give specific | c information | | | | |

| Dobto | Case 17-80606 | Doc 1 | Filed 03/17/17 Document | Page 14 of 63 | Desc Main |
|---------------|---|-------------------|----------------------------|---|----------------|
| Debto | Sandra T. Gary | | | Case number (if known) | |
| | camples: Accidents, employment | | | it or made a demand for payment s to sue | |
| | es. Describe each claim | | | | |
| I | • | | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| 35 An | y financial assets you did no | t already list | | | |
| JJ. AII | | t an cauy not | | | |
| | es. Give specific information | | | | |
| | · | | | | |
| | | | | ny entries for pages you have attached | \$24,005.00 |
| Part 5: | Describe Any Rusiness-Related | d Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| | · · · · · · · · · · · · · · · · · · · | | | · | |
| | you own or have any legal or equ | itable interest i | n any business-related p | roperty? | |
| _ | o. Go to Part 6. | | | | |
| ⊔ Ye | es. Go to line 38. | | | | |
| Part 6: | Describe Any Farm- and Comm If you own or have an interest in fa | | | n or Have an Interest In. | |
| 46. Do | you own or have any legal o | r equitable in | terest in any farm- or | commercial fishing-related property? | |
| | No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| Part 7: | Describe All Property You | Own or Have a | n Interest in That You Did | d Not List Above | |
| | you have other property of a camples: Season tickets, country | | | | |
| | es. Give specific information | | | | |
| | | | | | |
| 54. A | dd the dollar value of all of y | our entries fro | om Part 7. Write that n | umber here | \$0.00 |
| Part 8: | List the Totals of Each Part | of this Form | | | |
| 55. P | art 1: Total real estate, line 2 | | | | \$0.00 |
| | art 2: Total vehicles, line 5 | | | \$1,975.00 | φυ.υυ |
| | art 3: Total personal and hou | sehold items | . line 15 | \$4,100.00 | |
| | art 4: Total financial assets, I | | | \$24,005.00 | |
| | art 5: Total business-related | | 45 | \$0.00 | |
| 00 5 | | | | <u> </u> | |

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$30,080.00 Copy personal property total \$30,080.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$30,080.00

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--|
| Debtor 1 | Sandra T. Gary | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|-----------------------------------|--|---|
| Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| \$1,675.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$1,600.00 | | \$1,600.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$200.00 | • | \$200.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$1,600.00 \$100.00 | \$1,600.00 \$100 | Schedule A/B \$1,675.00 \$1,600.00 \$1,600.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$200.00 \$200.00 \$200.00 \$200.00 \$200.00 \$100% of fair market value, up to any applicable statutory limit |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 16 of 63 Case number (if known) Debtor 1 Sandra T. Gary Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Wedding Rings** 735 ILCS 5/12-1001(b) \$2,000.00 \$2,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Back Alimony, maintenance, and 735 ILCS 5/12-1001(g)(4) \$24,000.00 100% child support Line from Schedule A/B: 29.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

| 3. | Are you claiming a homestead exemption of more than \$160,375? |
|----|---|
| | (Subject to adjustment on 4/01/10 and every 3 years after that for case |

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

| | | <u>Document Pa</u> | <u>age 17</u> | of 63 | | |
|---|---------------------------|--|---------------|------------------------------------|--|-------------------|
| Fill in this informa | tion to identify you | r case: | | | | |
| Debtor 1 | Sandra T. Gary | | | | | |
| Debtor 1 | First Name | Middle Name Las | t Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Las | t Name | | | |
| United States Bank | ruptcy Court for the: | NORTHERN DISTRICT OF ILLINO | IS | | | |
| Office Otates Barik | ruptcy Court for the. | NORTHER BOTH OF TEET | | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| o.//: = | 4000 | | | | | |
| Official Form | <u>106D</u> | | | | | |
| Schedule D |): Creditors | Who Have Claims Se | cured | by Propert | У | 12/15 |
| | | | | | | |
| | | f two married people are filing together, bo out, number the entries, and attach it to thi | | | | |
| number (if known). | | , | | and top or any addition | iai pagee, iiiie jeai iiai | |
| 1. Do any creditors ha | ave claims secured by | your property? | | | | |
| ☐ No. Check the | nis box and submit th | nis form to the court with your other sch | edules. Yo | ou have nothing else t | o report on this form. | |
| _ | Il of the information b | • | | J | · | |
| | | Delow. | | | | |
| Part 1: List All S | Secured Claims | | | Caluman A | Caluman D | Caluman |
| | | nore than one secured claim, list the creditor | | Column A | Column B | Column C |
| | | a particular claim, list the other creditors in P cal order according to the creditor's name. | art 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | and diamino in diphabotic | sar order according to the creation or harmo. | | value of collateral. | claim | If any |
| 2.1 CNAC | | Describe the property that secures the cl | aim: | \$5,000.00 | \$300.00 | \$4,700.00 |
| Creditor's Name | | 2004 Buick Park Avenue | | | | |
| | | Totaled | | | | |
| | uptcy Dept. | As of the date you file, the claim is: Check | all that | | | |
| 5695 E Stat | | apply. | | | | |
| Rockford, II | | Contingent | | | | |
| Number, Street, C | ity, State & Zip Code | Unliquidated | | | | |
| Who owes the debt | 12 Ob Iv | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | r Check one. | _ | | | | |
| Debtor 1 only | | An agreement you made (such as mortg | age or secu | ured | | |
| ☐ Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debt | • | ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | | | | |
| Check if this clair community debt | | ☐ Other (including a right to offset) | | | | |
| community debt | | | | | | |
| Date debt was incur | red | Last 4 digits of account number | | | | |
| | | | | | | |
| 2.2 Mark Berge | r Motors | Describe the property that secures the cl | aim: | \$2,200.00 | \$1,675.00 | \$525.00 |
| Creditor's Name | | 2001 Buick LeSabre 141000 mile | 3 S | | | |
| | | | | | | |
| | | As of the date you file, the claim is: Check | all that | | | |
| 1316 Broad | | apply. | . un unut | | | |
| Rockford, II | | Contingent | | | | |
| Number, Street, C | ity, State & Zip Code | Unliquidated | | | | |
| Who awas the debt | 12 Ob Iv | Disputed | | | | |
| Who owes the debt | Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortg | age or secu | ured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | | | | |
| Check if this clair | | Other (including a right to offset) | | | | |
| community debt | | | | | | |
| Date debt was incur | red | Last 4 digits of account number | | | | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 18 of 63

| Debtor 1 | Sandra T. Gary | | | Case number (if know) | |
|----------|----------------|-------------|-----------|-----------------------|--|
| | First Name | Middle Name | Last Name | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$7,200.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$7,200.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| | | Document | Page 19 of 63 | |
|-------------------------------------|---|---|--|--|
| Fill in th | is information to identify your | case: | | |
| Debtor 1 | Sandra T. Gary | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, | | Middle Name | Last Name | |
| (Spouse II, | illing) First Name | Middle Name | Last Name | |
| United S | tates Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LLINOIS | |
| Case nu | mber | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Officia | l Form 106E/F | | | |
| | lule E/F: Creditors W | ho Hava Uncocurad | I Claims | 12/15 |
| | | | I ClaillIS TY claims and Part 2 for creditors with NONPRIORITY cla | |
| Schedule Schedule eft. Attacl | G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec | ired Leases (Official Form 106G). ured by Property. If more space is | list executory contracts on Schedule A/B: Property (Offic Do not include any creditors with partially secured claims needed, copy the Part you need, fill it out, number the eleport in a Part, do not file that Part. On the top of any add | s that are listed in ntries in the boxes on the |
| Part 1: | List All of Your PRIORITY Un | secured Claims | | |
| 1. Do ar | ny creditors have priority unsecure | d claims against you? | | |
| ■ No | o. Go to Part 2. | | | |
| ☐ Ye | es. | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | |
| 3. Do ar | ny creditors have nonpriority unsec | ured claims against you? | | |
| □ No | o. You have nothing to report in this pa | art. Submit this form to the court with | h your other schedules. | |
| ■ Ye | 25 | | | |
| 4. List a | Ill of your nonpriority unsecured cla cured claim, list the creditor separately one creditor holds a particular claim, li | for each claim. For each claim liste | the creditor who holds each claim. If a creditor has more the d, identify what type of claim it is. Do not list claims already in have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | | Total claim |
| 4.1 | AAA Community Finance | Last 4 digits of ac | count number | \$100.00 |
| | Nonpriority Creditor's Name | NA/In an array 4h a shah | | |
| | 3750 East State Street Rockford, IL 61108 | When was the deb | ot incurred? | _ |
| _ | Number Street City State Zlp Code | As of the date you | ı file, the claim is: Check all that apply | |
| \ | Who incurred the debt? Check one. | | | |
| I | Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| I | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| I | At least one of the debtors and and | other Type of NONPRIO | RITY unsecured claim: | |
| | ☐ Check if this claim is for a comr | □ a | | |
| C | lebt | ☐ Obligations aris | ing out of a separation agreement or divorce that you did not | |
| _ | s the claim subject to offset? | report as priority cla | | |
| | No | • | on or profit-sharing plans, and other similar debts | |
| I | Yes | Other. Specify | Pay Day Loan | _ |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 20 of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.2 \$400.00 **ADT Home Security** Last 4 digits of account number Nonpriority Creditor's Name 1 Town Center Rd. When was the debt incurred? 07/2015 Boca Raton, FL 33486 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Debt Owed ☐ Yes 4.3 **Advance America** Last 4 digits of account number \$1,200.00 Nonpriority Creditor's Name When was the debt incurred? 1239 Sandy Hollow Road Rockford, IL 61109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Pay Day Loan Other. Specify 4.4 **Ashford University** Last 4 digits of account number \$249.00 Nonpriority Creditor's Name When was the debt incurred? c/o Caine & Weiner 15025 Oxnard Street, Suite 100 Van Nuys, CA 91411 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Fees ☐ Yes

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 21_of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.5 \$208.00 AT&T Last 4 digits of account number Nonpriority Creditor's Name PO Box 769 When was the debt incurred? Arlington, TX 76004 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utilities ☐ Yes 4.6 **Blackhawk Financial** Last 4 digits of account number \$6,686.00 Nonpriority Creditor's Name When was the debt incurred? 2340 S. River Road, Suite 400 Des Plaines, IL 60018 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Auto Deficiency** Other. Specify 4.7 **Carlyle Auto Sales** Last 4 digits of account number \$8,000.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 04/2015 1708 Broadway Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Repossesion ☐ Yes

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 22_of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.8 \$7,000.00 **Chase 8 Auto Sales** Last 4 digits of account number Nonpriority Creditor's Name 1711 Broadway When was the debt incurred? Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Auto Deficiency ☐ Yes 4.9 **Chase Bank** Last 4 digits of account number \$1,200.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 36520 Louisville, KY 40233 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Overdraft Fees** Other. Specify 4.1 **Check Into Cash** \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 3437 North Main Street When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Pay Day Loan ☐ Yes

Document Page 23 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.1 \$100.00 City of Rockford Parking Last 4 digits of account number Nonpriority Creditor's Name c/o Rockford Mercantile Agency When was the debt incurred? PO Box 5847 Rockford, IL 61125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Parking Tickets ☐ Yes 4.1 **CNAC** \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name 03/2014 Attn: Bankruptcy Dept. When was the debt incurred? 5695 E State St. Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Repossesion ☐ Yes 4.1 Comcast \$308.00 3 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 3005** When was the debt incurred? Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Utilities

 \square Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 24 of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.1 \$1,000.00 **Credit One Bank** Last 4 digits of account number Nonpriority Creditor's Name PO Box 98873 When was the debt incurred? Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card Purchases ☐ Yes 4.1 Credit One Bank NA \$500.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 04/2016 PO Box 98872 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card Purchases ☐ Yes 4.1 **Crusader Clinic** \$306.00 6 Last 4 digits of account number Nonpriority Creditor's Name c/o Rockford Mercantile Agency When was the debt incurred? PO Box 5847 Rockford, IL 61125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Medical Bills

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 25 of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.1 \$300.00 **DirecTV** Last 4 digits of account number Nonpriority Creditor's Name PO Box 6550 When was the debt incurred? Englewood, CO 80155 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utilities 4.1 **Dish Network** \$200.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 9601 South Meridian Boulevard When was the debt incurred? Englewood, CO 80112 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utilities ☐ Yes 4.1 Federal Loan Servicing \$1,107.00 9 Last 4 digits of account number Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify

Student Loans

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 26 of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.2 Federal Loan Servicing \$1,133.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Student Loans 4.2 Federal Loan Servicing \$3,567.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Student Loans 4.2 Federal Loan Servicing \$6,206.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Student Loans

☐ Other. Specify

Document Page 27 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.2 \$1,000.00 Fingerhut/Webbank Last 4 digits of account number 3 Nonpriority Creditor's Name 6250 Ridgewood Rd When was the debt incurred? 05/2016 Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Debt Owed 4.2 **First Consumer Credit** 6036 \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 2013 17000 North Dallas Pkwy Ste 120 **Dallas, TX 75248** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Debt Owed ☐ Yes 4.2 Forest Hills Inv \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 7711 Forest Hills Rd When was the debt incurred? 12/2015 Loves Park, IL 61111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Debt Owed

 \square Debts to pension or profit-sharing plans, and other similar debts

Document Page 28 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.2 \$200.00 **Hanover Park Photo Enforcement** Last 4 digits of account number 6 Nonpriority Creditor's Name c/o Northwest Collectors When was the debt incurred? 3601 Algonquin Road, Suite 232 Rolling Meadows, IL 60008 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Fines 4.2 M & L Motors \$13,000.00 Last 4 digits of account number Nonpriority Creditor's Name 856 N York Street 12/2015 When was the debt incurred? Elmhurst, IL 60126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Repossesion ☐ Yes 4.2 MCI dba Verizon Wireless \$200.00 8 Last 4 digits of account number Nonpriority Creditor's Name PO Box 26055 When was the debt incurred? Minneapolis, MN 55426 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt

■ No

☐ Yes

report as priority claims

■ Other. Specify Utilities

 \square Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

Document Page 29 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.2 Municipality of Roselle \$175.00 Last 4 digits of account number 9 Nonpriority Creditor's Name c/o AR Concepts Inc. When was the debt incurred? 18-3 E Dundee Rd., Suite 330 Barrington, IL 60010 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Fines 4.3 Nextel \$990.00 Last 4 digits of account number 0 Nonpriority Creditor's Name c/o Allied Interstate Inc. When was the debt incurred? 7525 W. Campus Road New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utilities ☐ Yes 4.3 **Premier Bank** \$400.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 5524 When was the debt incurred? 07/2016 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Entered 03/17/17 08:58:07 Case 17-80606 Doc 1 Filed 03/17/17 Desc Main

Document Page 30 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.3 **Progressive Insurance** \$700.00 Last 4 digits of account number 2 Nonpriority Creditor's Name 6300 Wilson Mills Road When was the debt incurred? Cleveland, OH 44143 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Fees 4.3 **Rockford Health Physicians** \$415.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2400 N. Rockton Avenue Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.3 **Rockford Health System** \$592.00 Last 4 digits of account number Nonpriority Creditor's Name 2400 N. Rockton Avenue When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify Medical Bills

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Document Page 31 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.3 \$2,000.00 **Rockford Memorial** Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 09/2014 2400 N Rockton Ave Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Debt 4.3 **Rockford Radiology Associates** \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 2400 N. Rockton Avenue When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.3 **Security Finance Corporation** \$388.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3146 When was the debt incurred? Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Pay Day Loan

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 32 of 63

Debtor 1 Sandra T. Gary Case number (if know) 4.3 \$70.00 Seventh Avenue Last 4 digits of account number 8 Nonpriority Creditor's Name 1112 7th Avenue When was the debt incurred? Monroe, WI 53566 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Swedish American Health System \$6,000.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 08/2015 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt ☐ Yes 4.4 TCF Bank \$77.00 0 Last 4 digits of account number Nonpriority Creditor's Name c/o Professional Account When was the debt incurred? Management 633 W. Wisconsin Avenue Milwaukee, WI 53203 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Fees

Entered 03/17/17 08:58:07 Case 17-80606 Doc 1 Filed 03/17/17 Desc Main

Document Page 33 of 63 Debtor 1 Sandra T. Gary Case number (if know) 4.4 \$500.00 **US Bank** Last 4 digits of account number Nonpriority Creditor's Name PO Box 790408 When was the debt incurred? 01/2016 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Debt Owed ☐ Yes 4.4 **US Cellular** \$260.00 Last 4 digits of account number Nonpriority Creditor's Name 8410 W. Bryn Mawr, Suite 700 When was the debt incurred? Chicago, IL 60631 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utilities ☐ Yes 4.4 **USA Title Loan** \$900.00 Last 4 digits of account number Nonpriority Creditor's Name 333 South Mclean When was the debt incurred? Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify Auto Deficiency

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Debtor 1 Sandra T. Garv Document Page 34 of 63

Case number (if know)

| Village of Algonquin | Last 4 digits of account number | \$540.00 |
|--|---|----------|
| Nonpriority Creditor's Name c/o ACS Inc. 2200 Harnish Drive | When was the debt incurred? | |
| Algonquin, IL 60102 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Oneck an that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| _ | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Fines | |
| Woodforest Bank | Last 4 digits of account number | \$600.00 |
| Nonpriority Creditor's Name 3849 Northridge Drive Rockford, IL 61114 | When was the debt incurred? | <u> </u> |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify Overdraft Fees | |
| | | |
| World Finance Corporation | Last 4 digits of account number | \$696.00 |
| Nonpriority Creditor's Name PO Box 6429 Greenville, SC 29606 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ∏ Yes | Other Charity Pay Day Loan | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 35 of 63

| Debtor 1 Sandra T. Gary | | Case number (if know) | | | |
|--|--|---|--|--|--|
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Allied Business Accounts, Inc. | Line 4.34 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 300 1/2 South 2nd Street PO Box 1600 Clinton, IA 52733 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Ciliton, 1A 32733 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | | | |
| Convergent Outsourcing | Line 4.13 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| PO Box 9004 Renton, WA 98057 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Kenton, WA 30007 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Creditors Protection Service | Line 4.33 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 308 W. State Street, Suite 485 Rockford, IL 61110 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Noticia, in orrito | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | | | |
| Franklin Collection Service | Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 2978 W. Jackson Street Tupelo, MS 38803 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Tapelo, ino occoo | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | | | |
| Rockford Mercantile Agency, Inc. | Line 4.36 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 2502 South Alpine Road Rockford, IL 61108 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| 1.001.01.01 | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim | |
|--------------|-----|---|-----|-------------|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Т | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 12,013.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 64,960.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 76,973.00 |

| | | 1706111116 | III — EQUE 20 01 02 | |
|---|-------------------------|-------------------------------|---------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Sandra T. Gary | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Forest Hills Investments, LLC 7711 Forest Hills Loves Park, IL 61111 | Rental for family housing unit |
| 2.2 | Vaughn's Home Furnishings 3833 Auburn Street Rockford, IL 61101 | Furniture Lease, Lessee |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main

| | | Docume | ent Page 37 o | ot 63 | |
|--------------------|---|-------------------------------|---------------------------|-------------------------|--|
| Fill in this | information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Sandra T. Gary First Name | Middle Name | Last Name | | |
| Debtor 2 | , not reallo | imadic riamo | 2dot Hamo | | |
| (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| | | NODTHERN BIOTRICT | . 0.5 11 1 11/010 | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | her | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Officia | I Form 106H | | | | |
| Schad | lule H: Your Cod | lahtars | | | 12/15 |
| Julieu | idle II. Tour Cod | CDIOIS | | | 12/15 |
| | | | | | rate as possible. If two married |
| | nd number the entries in the and case number (if known | | | to this page. On the to | p of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| | | | | | |
| | | | | | ty states and territories include |
| Arizon | na, California, Idaho, Louisiana | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | nington, and Wisconsin. |) |
| ■ NI- | Go to line 3. | | | | |
| | | una ar lagal aguivalent live | with you at the time? | | |
| L res | s. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| | | | | | ng with you. List the person shown |
| | | | | | he creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | olumn 2. | i Form 100E/F), or Sched | ule 6 (Official Fortif 10 | ood). Ose Schedule D | , Schedule E/F, of Schedule 9 to IIII |
| | | | | | |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | 'IP Code | | | editor to whom you owe the debt |
| | reame, reamber, offeet, only, office and 2 | iii oode | | Check all schedul | es triat apply. |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule C, lir | |
| | | | | Scriedule G, III | ie |
| | Number Street | _ | | | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | N. | | | D Schedule D, lir | |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| - | Number Street | | | | |
| | City | State | ZIP Code | | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Page 38 of 63 Document

| Fill | in this information to identify your c | ase: | | | |
|-------------|---|----------------------------|--|---|--------------------------------------|
| De | btor 1 Sandra T. G | ary | | | |
| | obtor 2 ouse, if filling) | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | |
| | se number nown) | | - | | |
| 0 | fficial Form 106l | | | MM / DD/ Y | YYY |
| S | chedule I: Your Inc | ome | | | 12/15 |
| spc atta | pplying correct information. If you buse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment information. | ır spouse is not filing w | ith you, do not include informa | tion about your spo nd case number (if | ouse. If more space is needed, |
| | If you have more than one job, | | ■ Employed | ■ Empl | <u> </u> |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not e | mployed |
| | employers. | Occupation | | Labore | r |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Health Care Plus | FPM LL | .c |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 5301 East State Street Rockford, IL 61108 | | Lively Blvd ove Village, IL 60007 |
| | | How long employed t | here? 2 months | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | |
| | imate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to report for an | y line, write \$0 in the | space. Include your non-filing |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the information for all em | oloyers for that perso | on on the lines below. If you need |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

| | | | non- | filing spouse |
|----|------|----------|------|---------------|
| 2. | \$_ | 1,527.50 | \$ | 2,246.31 |
| 3. | +\$_ | 0.00 | +\$_ | 0.00 |
| 4. | \$ | 1,527.50 | \$ | 2,246.31 |

| Debte | or 1 | Sandra T. Gary | _ | (| Case number (if k | nown) | | | | |
|-------|---|--|---|----|--|--|--|-----------------------------------|--|----------------|
| | Сор | y line 4 here | 4. | | For Debtor 1 | 7.50 | | Debtor 2 of filing spo 2,24 | | |
| 5. | l ist | all payroll deductions: | | | | | | | | |
| J. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | | \$ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 5.61 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1 8 | 1.67 0.00 0.00 3.00 6.67 0.00 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ 220 | 6.61 | \$ | 51 | 1.34 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ 1,300 | 0.89 | \$ | 1,73 | 4.97 | |
| 8. | 8a.8b.8c.8d.8e.8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8c. 8d. 8e. - 8f. | | \$ () () () () () () () () () (| 0.00 0.00 0.00 0.00 1.00 4.00 | \$ \$ \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h. | .+ | \$ | 0.00 | + \$ | | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | \$454 | 4.00 | \$ | | 0.00 | |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,754.89 | + \$ | 1,73 | 34.97 = | \$ | 3,489.86 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | | |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | | · | chedule J. 11. + | | 0.00 |
| | | the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. \$ | | 3,489.86 |
| 13. | Do y ■ | you expect an increase or decrease within the year after you file this form' No. Yes. Explain: | ? | | | | | | ombin onthly | ed y income |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 40 of 63

| Fill | in this information to identify your case: | | 1 | | |
|------|---|--|------------------|--|---|
| | otor 1 Sandra T. Gary | | Chec | ck if this is: | |
| | Canara I. Cary | | | An amended filing | |
| | ouse, if filing) | | | A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| . | | NOIC | | | |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLII | NOIS | | MM / DD / YYYY | |
| | se numberknown) | | | | |
| Of | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Par | | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> | es for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | Yes |
| | | | | | □ No |
| | | - | | _ | ☐ Yes ☐ No |
| | | | | | □ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| | tt 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a sup plicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> ifficial Form 106I.) | | | Your exp | enses |
| (0 | , | | | | |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgag | e 4. \$ | S | 650.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as h | ome equity loans | 5. § | | 0.00 |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 41 of 63

| Sandra T. Gary | Case num | ber (if known) | |
|--|--|---|--|
| Jtilities: | | | |
| Sa. Electricity, heat, natural gas | 6a. | \$ | 75.00 |
| · · · · · · · · · · · · · · · · · · · | 6b. | \$ | 91.00 |
| | 6c. | \$ | 240.00 |
| • | | | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | | 650.00 |
| | | | 0.00 |
| | | · | 110.00 |
| | | · | |
| · | | · | 125.00 |
| • | 11. | > | 100.00 |
| | 12 | \$ | 350.00 |
| | | · | 80.00 |
| | | | |
| <u> </u> | 14. | > | 0.00 |
| | | | |
| | 150 | ¢ | 0.00 |
| | | | 0.00 |
| | | · | 0.00 |
| | | | 56.00 |
| St. Other insurance. Specify: | | \$ | 0.00 |
| | | | |
| Specify: | 16. | \$ | 0.00 |
| nstallment or lease payments: | | | |
| I7a. Car payments for Vehicle 1 | 17a. | \$ | 300.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. | \$ | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | · | |
| | | \$ | 0.00 |
| | | \$ | 0.00 |
| | 19. | · ——— | |
| · · · | | ur Income. | |
| | | | 0.00 |
| | 20b. | \$ | 0.00 |
| | | · | 0.00 |
| · | | · | |
| | | | 0.00 |
| | | · | 0.00 |
| Other: Specify: Miscellaneous, Birthdays, Holidays, Haircuts | 21. | · - | 150.00 |
| Social Security | | +\$ | 450.00 |
| Calculate your monthly expenses | _ | | |
| | | C | 2 427 00 |
| | 210 | | 3,427.00 |
| | DJ-2 | · | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,427.00 |
| Calculate your monthly not income | | | |
| | 00 - | ¢. | 0 400 00 |
| | | | 3,489.86 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,427.00 |
| | | | |
| 20 - Out the state of the state | | l . | 62.86 |
| 23c. Subtract your monthly expenses from your monthly income. | 230 | l \$ | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 02.00 |
| The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year affor example, do you expect to finish paying for your car loan within the year or do you expendification to the terms of your mortgage? | ter you file this | form? | |
| The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year affor example, do you expect to finish paying for your car loan within the year or do you expe | ter you file this | form? | |
| | Itilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: food and housekeeping supplies childcare and children's education costs clothing, laundry, and dry cleaning dersonal care products and services fedical and dental expenses fransportation. Include gas, maintenance, bus or train fare. In not include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books charitable contributions and religious donations insurance. In not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance 5c. Vehicle insurance 5c. Other insurance. Specify: axes. Do not include taxes deducted from your pay or included in lines 4 or 20. face for a payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other. Specify: 7d. Other. Specify: 7d. Other. Specify: 7ther payments of alimony, maintenance, and support that you did not repeteducted from your pay on line 5, Schedule 1, Your Income (Official Form 1) 7ther payments of alimony, maintenance, and support that you did not repeteducted from your pay on line 5, Schedule 1, Your Income (Official Form 1) 7ther payments of alimony, maintenance, and support that you did not repeteducted from your pay on line 5, Schedule 1, Your Income (Official Form 1) 7ther payments of alimony, maintenance, and support that you did not repeteducted from your pay on line 5, Schedule 1, Your Income (Official Form 10 7ther payments you make to support others who do not live with you. 7ther payments you make to support others who do not live with you. 7ther specify: 7ther real property expenses not included in lines 4 or 5 of this form or on 7ther payments your monthly expenses 7ther. Specify: 7ther main the payments your monthly expenses 7ther. Specify: 8ther specify: 9 | Rilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: cood and housekeeping supplies d. Chidicare and children's education costs d. Childrage and children's education and childrage and children's education | A Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: dod and housekeeping supplies childcare and children's education costs bildcare and children's education costs cost and housekeeping supplies childcare and children's education costs dod and housekeeping supplies childcare and children's education costs dedical and dental expenses fledical expenses fledi |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 42 of 63

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|---------------------------|------------------------------------|
| Debtor 1 | Sandra T. Gary | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| Official For | m 106Dec | | | , and the second second |
| Declarat | tion About a | ın Individual | Debtor's Schedules | 12/15 |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|-----|---|-------|---|
| Die | d you pay or agree to pay someone who is NOT an attorney to | help | you fill out bankruptcy forms? |
| | No | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | der penalty of perjury, I declare that I have read the summary a t they are true and correct. | and s | chedules filed with this declaration and |
| X | /s/ Sandra T. Gary | X | |
| | Sandra T. Gary Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date March 17, 2017 | | Date |

Official Form 106Dec

| Debtor 1 | Sandra T. Gary | | | |
|--|---|---|---|--|
| Debtor 2 | First Name | Middle Name | Last Name | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Ear | rm 107 | | | |
| Official For | | \ffaire for Individu | ials Filing for Bankrupto | A.I. |
| | | | | |
| | | | filing together, both are equally respon s form. On the top of any additional page | |
| umber (if known | n). Answer every quest | tion. | | |
| Part 1: Give D | etails About Your Mar | ital Status and Where You Li | ved Before | |
| . What is your | current marital status | s? | | |
| ☐ Married | | | | |
| | | | | |
| ■ Not mar | ried | | | |
| | | ived anvwhere other than wh | ere vou live now? | |
| . During the la | | ived anywhere other than wh | ere you live now? | |
| . During the la | ast 3 years, have you li | • | • | |
| During the la | ast 3 years, have you live | ved in the last 3 years. Do not i | nclude where you live now. | Dates Dakter 2 |
| During the la | ast 3 years, have you li | • | • | Dates Debtor 2 lived there |
| During the la □ No ■ Yes. List Debtor 1 Pri | ast 3 years, have you live | ved in the last 3 years. Do not i Dates Debtor 1 lived there | nclude where you live now. | |
| During the la No Yes. List Debtor 1 Pri 117 Sunse | ast 3 years, have you live tall of the places you live ior Address: At Avenue, Rockford and St | Dates Debtor 1 lived there From-To: | Debtor 2 Prior Address: Same as Debtor 1 | lived there ☐ Same as Debtor 1 |
| During the later No Yes. List Debtor 1 Pri 117 Sunse 61101 | ast 3 years, have you live that all of the places you live ior Address: At Avenue, Rockford Fool St IL 61101 | Dates Debtor 1 lived there From-To: 5/2014 - 9/2014 From-To: | Debtor 2 Prior Address: Same as Debtor 1 | lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1 |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Page 44 of 63
Case number (if known)

Document Debtor 1 Sandra T. Gary

| Part | 2 Explain the Sources of You | r Income | | | |
|------|---|---|--|--|---|
| F | Did you have any income from en Fill in the total amount of income yo f you are filing a joint case and you | u received from all jobs and a | all businesses, including part- | time activities. | dar years? |
| ı | □ No | | | | |
| I | Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | n January 1 of current year until late you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$2,720.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | ast calendar year: uary 1 to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$8,668.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$5,146.00 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |
| | the calendar year before that: uary 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$9,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$23,335.56 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |
| | Did you receive any other income nclude income regardless of wheth and other public benefit payments; principal winnings. If you are filing a joint cas a clist each source and the gross incomplete No | er that income is taxable. Expensions; rental income; interest and you have income that you | amples of other income are al rest; dividends; money collect you received together, list it or | ed from lawsuits; royalties; an anly once under Debtor 1. | |
| | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | n January 1 of current year until late you filed for bankruptcy: | Social Security | \$1,362.00 | | |
| | ast calendar year: uary 1 to December 31, 2016) | Social Security | \$10,896.00 | | |
| | the calendar year before that: | Social Security | \$10,476.00 | | |

Entered 03/17/17 08:58:07 Desc Main Filed 03/17/17 Case 17-80606 Doc 1

Page 45 of 63
Case number (if known) Document Debtor 1 Sandra T. Gary

| Par | t 3: List | Certain Pa | yments You Made Be | fore You Filed for Bankru | ptcy | | | | | | |
|-----|--|--|--|---|--|---------------------------------|---|--|--|--|--|
| 6. | Are either □ No. | either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | | | | |
| | | During the | al of \$6,425* or mo | uro? | | | | | | | |
| | | □ No. | Go to line 7. | a for bankruptcy, ald you p | ay arry creditor a tota | π οι φο, 4 25 οι πιο | 16: | | | | |
| | | □ Yes | List below each credit paid that creditor. Do | not include payments for d | omestic support obliq | | yments and the total amount you nild support and alimony. Also, do | | | | |
| | | * Subject t | not include payments to adjustment on 4/01/1 | to an attorney for this bank 9 and every 3 years after t | kruptcy case. hat for cases filed on | or after the date of | of adjustment. | | | | |
| | Yes. | | | ve primarily consumer de d for bankruptcy, did you p | | al of \$600 or more | ? | | | | |
| | | □ _{No.} | Go to line 7. | | | | | | | | |
| | | ■ Yes | List below each credit | domestic support obligation | | | you paid that creditor. Do not Also, do not include payments to an | | | | |
| | Creditor's | s Name and | l Address | Dates of payment | Total amount | Amount you still owe | Was this payment for | | | | |
| | 1316 Bro | rger Moto padway d, IL 6110 | | 1/2017 - 3/2017 | \$900.00 | \$2,200.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other | | | | |
| | Current | Landlord | | 1/2017 - 3/2017 | \$1,950.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card | | | | |
| | | | | | | | Loan Repayment | | | | |
| | | | | | | | Suppliers or vendors | | | | |
| | | | | | | | Other Rent | | | | |
| 7. | Insiders indof which you a business alimony. | clude your r ou are an off s you operate | elatives; any general pa ficer, director, person in | control, or owner of 20% of | neral partners; partners or more of their voting | erships of which you | was an insider? bu are a general partner; corporation ny managing agent, including one fo is, such as child support and | | | | |
| | Insider's | Name and | Address | Dates of payment | Total amount | Amount you | Reason for this payment | | | | |
| 8. | insider? Include par | yments on d | lebts guaranteed or cos | | paid nents or transfer a | still owe | ccount of a debt that benefited an | | | | |
| | | | nents to an insider | Dates of novement | Total amount | A ma a cont vacco | December this payment | | | | |
| | ınsıaer's | Name and | Audress | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | | |
| D~ | 6 / 1 - 1 - 1 - 1 - 1 - 1 | stifu Lacrat | Nationa Danassasis | no and Earnalas | • | | | | | | |
| Par | iden | ınıy Legai F | Actions, Repossessio | iis, aliu Foreciosures | | | | | | | |

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main

Page 46 of 63
Case number (if known) Document Debtor 1 Sandra T. Gary

| | modifications, and contract disputes. | | | | |
|-----|--|--|--------------------------------|--------------------------|--------------------------|
| | ■ No | | | | |
| | Yes. Fill in the details. | | _ | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case |
| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details be | | erty repossessed, foreclosed | d, garnished, attached | d, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property |
| | | Explain what happene | d | | 1 11 7 |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment border No. ☐ Yes. Fill in the details. | | luding a bank or financial in | stitution, set off any a | nmounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o ■ No □ Yes | | erty in the possession of an | assignee for the bene | fit of creditors, a |
| Par | t 5: List Certain Gifts and Contribution | ns | | | |
| 13. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift. | ruptcy, did you give any gift | s with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person | Describe the gifts | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | ı | | | |
| 14. | Within 2 years before you filed for bank | ruptcy, did you give any gift | s or contributions with a tota | al value of more than | \$600 to any charity? |
| | No☐ Yes. Fill in the details for each gift or of | contribution. | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | ŕ | u contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or since you filed for b | pankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | No No | | | | |
| | Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance con Include the amount that insurance claims on line 33 | rance has paid. List pending | Date of your loss | Value of property lost |
| | 2004 Buick Park Avenue, auto accident | Insurance reimbursed | , , | 10/14/2016 | \$4,664.00 |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Page 47 of 63 Case number (if known) Document

Debtor 1 Sandra T. Gary

| Par | 7: List Certain Payments or Transfers | | | | | | |
|-----|--|---|----------------------------|------------|--|---|--|
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? nclude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any prope | ty | Date payment or transfer was made | Amount of payment | |
| | Springer Law Firm 2222 East State Street, Suite 107 Rockford, IL 61104 | \$500.00 | | | 1/2015 | \$500.00 | |
| | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you like | or to make payments | | | r transfer any prope | erty to anyone who | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | | rty | Date payment or transfer was made | Amount of payment | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and v property transfer | | | ny property or received or debts hange | Date transfer was made | |
| | Person's relationship to you | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes Fill in the details | | | | | | |
| | | | hi transfarra | , al | Data Transfer was | | |
| | | | | | | Date Transfer was made | |
| Par | 8: List of Certain Financial Accounts, Instru | uments Safe Denosit | Boyes and Stora | aa I Inits | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | _ | | | | |
| | | ast 4 digits of ccount number | Type of account instrument | clos | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer | |

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Page 48 of 63 Case number (if known) Document

Debtor 1 Sandra T. Gary

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
|-----|--|---|---------------------------------------|-----------------------|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or pla No Yes. Fill in the details. | , | ear before you filed for bankruptcy? | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| Par | 9: Identify Property You Hold or Control for S | Someone Else | | | | |
| 23. | Do you hold or control any property that someout for someone. | ne else owns? Include any property | y you borrowed from, are storing for, | or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | 10: Give Details About Environmental Informa | tion | | | | |
| For | he purpose of Part 10, the following definitions a | apply: | | | | |
| | Environmental law means any federal, state, or I toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub | r, land, soil, surface water, ground | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s | | w, whether you now own, operate, o | r utilize it or used | | |
| | Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s | | waste, hazardous substance, toxic s | ubstance, | | |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of when | they occurred. | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable u | under or in violation of an environme | ntal law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | |
| | No | | | | | |
| | Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and | Environmental law, if you know it | Date of notice | | |
| | Addition (Number, Sueet, Oity, State and Zir Code) | ZIP Code) | MIOW IL | | | |

Document Page 49 of 63 ase number (*if known*) Debtor 1 Sandra T. Garv 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sandra T. Gary Sandra T. Gary Signature of Debtor 2 Signature of Debtor 1 Date March 17, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-80606

Doc 1

Filed 03/17/17

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Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 50 of 63

| | | 2 0 0 0 0 | ago co o. co | | |
|---------------------|-------------------------|---------------------------------|------------------|-----------|---------------------------------------|
| Fill in this infor | mation to identify yo | our case: | | | |
| Debtor 1 | Sandra T. Gary | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | e: NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | ag |
| Official Fo | orm 108 | | | | |
| Stateme | nt of Intent | ion for Individu | als Filing Under | Chapter 7 | 12/15 |
| If you are an ind | lividual filing under o | hapter 7, you must fill out the | his form if: | <u>-</u> | |

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

| Part 1: List Your Creditors Who Have Se | Secured Claims |
|---|----------------|
|---|----------------|

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
|--|---|
| | |
| ■ Surrender the property. | ■ No |
| ☐ Retain the property and redeem it. | |
| Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| ☐ Retain the property and [explain]: | |
| ☐ Surrender the property. | □ No |
| ☐ Retain the property and redeem it. | |
| Retain the property and enter into a Reaffirmation Agreement. | Yes |
| ☐ Retain the property and [explain]: | |
| | ■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 51 of 63

| De | btor 1 S | Sandra T. | Gary | | Case number (if known) | |
|-----|-------------------|---------------------------|--|-----------------------------------|----------------------------|-------------------------------|
| Les | ssor's nam | ne: | Forest Hills Investment | s, LLC | | □ No |
| | | | | | | ■ Yes |
| | scription operty: | of leased | Rental for family housing | ng unit | | |
| Les | ssor's nan | ne: | Vaughn's Home Furnish | hings | | ■ No |
| | | | | | | ☐ Yes |
| | scription o | of leased | Furniture Lease, Lesse | 0 | | |
| Pa | rt 3: Si | gn Below | | | | |
| | | | ry, I declare that I have indi t to an unexpired lease. | cated my intention about any prop | erty of my estate that sec | cures a debt and any personal |
| X | | ndra T. Ga | | X | | |
| | | a T. Gary ire of Debto | | Signature | of Debtor 2 | |
| | Date | March | 17, 2017 | Date | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80606 Doc 1 Filed 03/17/17 Entered 03/17/17 08:58:07 Desc Main Document Page 56 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Sandra T. Gary | | Case No |). | |
|-------------|---|--|---|-------------------------------------|-----------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy | , or agreed to be pa | id to me, for services | |
| | For legal services, I have agreed to accept | | \$ | 500.00 | |
| | Prior to the filing of this statement I have received | d | \$ | 500.00 | |
| | Balance Due | | | 0.00 | |
| 2. ′ | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. ′ | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | npensation with any other person | unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compercopy of the agreement, together with a list of the n | | | | y law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ts of the bankruptc | y case, including: | |
| 1 | a. Analysis of the debtor's financial situation, and render. b. Preparation and filing of any petition, schedules, st. c. Representation of the debtor at the meeting of credit. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | atement of affairs and plan which itors and confirmation hearing, a reduce to market value; ex- ions as needed; preparation | n may be required; nd any adjourned h emption plannin | earings thereof; g; preparation and | d filing of |
| 6.] | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding. | fee does not include the following lischargeability actions, judi | g service: icial lien avoidaı | nces, relief from s | ay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a ankruptcy proceeding. | any agreement or arrangement for | r payment to me fo | r representation of the | e debtor(s) in |
| M | larch 17, 2017 | /s/ Daniel A. Spri | nger | | |
| D | ate | Daniel A. Springe | | | |
| | | Signature of Attorno Springer Law Fir | | | |
| | | 2222 E State St | | | |
| | | Suite 107 Rockford, IL 611 | 0.4 | | |
| | | 815.312.4725 | U- 1 | | |
| | | dspringerlaw@g | mail.com | | |
| | | Name of law firm | | | |

Springer Law Firm

2222 East State St. # A-104A, Rockford, IL

815.312.4275

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not
 include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law
 Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide
 information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement.
- 7. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 8. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.

9. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 1/38/15

Signature: andra / Oa

Print Name: Dondha 6

Attorney Signature:

Attorney Print:

United States Bankruptcy CourtNorthern District of Illinois

| | | 1 (of the H District of Immors | | |
|-------|---|--|------------------------------|------------------|
| In re | Sandra T. Gary | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | VI | ERIFICATION OF CREDITOR M | MATRIX | |
| | | Number of | f Creditors: | 51 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | itors is true and correct to | o the best of my |
| Date: | March 17, 2017 | /s/ Sandra T. Gary Sandra T. Gary | | |

AAA Community Finance 3750 East State Street Rockford, IL 61108

ADT Home Security 1 Town Center Rd. Boca Raton, FL 33486

Advance America 1239 Sandy Hollow Road Rockford, IL 61109

Allied Business Accounts, Inc. 300 1/2 South 2nd Street PO Box 1600 Clinton, IA 52733

Ashford University c/o Caine & Weiner 15025 Oxnard Street, Suite 100 Van Nuys, CA 91411

AT&T PO Box 769 Arlington, TX 76004

Blackhawk Financial 2340 S. River Road, Suite 400 Des Plaines, IL 60018

Carlyle Auto Sales Attn: Bankruptcy Dept. 1708 Broadway Rockford, IL 61104

Chase 8 Auto Sales 1711 Broadway Rockford, IL 61104

Chase Bank PO Box 36520 Louisville, KY 40233 Check Into Cash 3437 North Main Street Rockford, IL 61103

City of Rockford Parking c/o Rockford Mercantile Agency PO Box 5847 Rockford, IL 61125

CNAC Attn: Bankruptcy Dept. 5695 E State St. Rockford, IL 61108

Comcast PO Box 3005 Southeastern, PA 19398

Convergent Outsourcing PO Box 9004 Renton, WA 98057

Credit One Bank PO Box 98873 Las Vegas, NV 89193

Credit One Bank NA Attn: Bankruptcy Dept. PO Box 98872 Las Vegas, NV 89193

Creditors Protection Service 308 W. State Street, Suite 485 Rockford, IL 61110

Crusader Clinic c/o Rockford Mercantile Agency PO Box 5847 Rockford, IL 61125

DirecTV PO Box 6550 Englewood, CO 80155 Dish Network 9601 South Meridian Boulevard Englewood, CO 80112

Federal Loan Servicing PO Box 60610 Harrisburg, PA 17106

Fingerhut/Webbank 6250 Ridgewood Rd Saint Cloud, MN 56303

First Consumer Credit Attn: Bankruptcy Dept. 17000 North Dallas Pkwy Ste 120 Dallas, TX 75248

Forest Hills Inv 7711 Forest Hills Rd Loves Park, IL 61111

Forest Hills Investments, LLC 7711 Forest Hills Loves Park, IL 61111

Franklin Collection Service 2978 W. Jackson Street Tupelo, MS 38803

Hanover Park Photo Enforcement c/o Northwest Collectors 3601 Algonquin Road, Suite 232 Rolling Meadows, IL 60008

M & L Motors 856 N York Street Elmhurst, IL 60126

Mark Berger Motors 1316 Broadway Rockford, IL 61104

MCI dba Verizon Wireless PO Box 26055 Minneapolis, MN 55426 Municipality of Roselle c/o AR Concepts Inc. 18-3 E Dundee Rd., Suite 330 Barrington, IL 60010

Nextel c/o Allied Interstate Inc. 7525 W. Campus Road New Albany, OH 43054

Premier Bank PO BOX 5524 Sioux Falls, SD 57117

Progressive Insurance 6300 Wilson Mills Road Cleveland, OH 44143

Rockford Health Physicians 2400 N. Rockton Avenue Rockford, IL 61103

Rockford Health System 2400 N. Rockton Avenue Rockford, IL 61103

Rockford Memorial Attn: Bankruptcy Dept. 2400 N Rockton Ave Rockford, IL 61103

Rockford Mercantile Agency, Inc. 2502 South Alpine Road Rockford, IL 61108

Rockford Radiology Associates 2400 N. Rockton Avenue Rockford, IL 61103

Security Finance Corporation PO Box 3146 Spartanburg, SC 29304

Seventh Avenue 1112 7th Avenue Monroe, WI 53566

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

TCF Bank c/o Professional Account Management 633 W. Wisconsin Avenue Milwaukee, WI 53203

US Bank PO Box 790408 Saint Louis, MO 63179

US Cellular 8410 W. Bryn Mawr, Suite 700 Chicago, IL 60631

USA Title Loan 333 South Mclean Elgin, IL 60123

Vaughn's Home Furnishings 3833 Auburn Street Rockford, IL 61101

Village of Algonquin c/o ACS Inc. 2200 Harnish Drive Algonquin, IL 60102

Woodforest Bank 3849 Northridge Drive Rockford, IL 61114

World Finance Corporation PO Box 6429 Greenville, SC 29606